

EXHIBIT 14

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHI



Chief Fire Equipment and Service Co.
269 Main Street - Lodi, N.J.
973-473-7444

EMAIL: chiefireequip@optonline.net

KITCHEN SYSTEM REPORT - PAGE 1

COMPANY DELANEY HALL		CONTACT WILL		WORK ORDER NUM. 48164	DATE 11-16-24	HAZARD AREA PROTECTED	
ADDRESS 451 DOREMUS		CITY NEWARK		SYSTEM NAME KIDDE	SYSTEM CAPACITY 66AL	SYSTEM TYPE DET	NAME OF CTR. Q
AHI/FIRE PROTECTION DISTRICT		INSPECTION TYPE		PHONE 973 592-1005	FAX	CUSTOMER NUMBER	
				STATE N.J.	ZIP		
				<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>			

NOTE: USE TAB BUTTON TO MOVE CURSOR

<p>1 Last Serviced by? <u>CHIEF FIRE</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2 Were building personnel notified of the inspection? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>3 Was the monitoring company notified? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4 System found charged and functioning at time of technician's arrival? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>5 System un-tampered with since last visit? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>6 System found to be proper pressure upon arrival? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>7 Solenoid-type filters installed in hood? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>8 System (and appliance layout) appear unchanged since last service? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9 Were the nozzle caps in place at time of arrival? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>10 Visible piping and nozzles properly connected, braced, and free of damage? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11 Piping/condensate tubing free from obstructive obstructions? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>12 Nozzle(s) inspected and found to be clear of obstructions? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>13 Correct nozzle type(s) for protected equipment, plenum and ducts? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>14 Nozzle(s) properly positioned over appliances? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>15 Nozzle(s) properly positioned in duct(s) and plenum(s)? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>16 Is there a fan warning sign on hood? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>17 Flow point/condensate tubing agent within mfg's allowed maximum? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>21 System cleaned per manufacturer's recommendations? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>22 Mechanical detection has tested and found to operate properly? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>23 Proper number and placement of detection device? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>24 Did the system operate properly upon activation of a manual pull station? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>25 Gas shut-off valve installed and working properly? (Note location) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>26 Appliance listed with proper temperature ratings? <u>2</u> at <u>360</u> Degrees _____ at _____ Degrees <u>1</u> at <u>360</u> Degrees _____ at _____ Degrees _____ at _____ Degrees _____ at _____ Degrees</p> <p>27 Is the manual reset for electric gas valves operational? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>28 Did all electrical appliances shut off upon system operation? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>29 Did all gas appliances shut off upon system operation? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>30 Did the make-up air shut down? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>31 Did the alarm system activate when the system tripped? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>32 Did control hooding/cylinder releasing device(s) operate properly? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>33 Cylinder Pressure <u>175</u> psi <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>34 Hydraulic test date of cylinder checked. Date _____ <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>35 Were all cylinders free of signs of internal corrosion and/or damage? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>36 Are all cylinders securely fastened? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>37 Cartridge inspected or replaced with mfg's recommended interval (if applicable)? Weight <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
---	--	--

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.



CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O. BOX 785
LODE, N.J. 07044

KITCHEN SYSTEM REPORT - PAGE 3

DELANEY HALL		Will	973-592-1006
451 DORANUS AVE		Newark	NJ

38 Test adaptations, longer pins, etc., removed from system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 Operator's manual on site?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39 Exhaust (if any) has been properly installed?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44 Close K particles and/or other particles and properly cleaned?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
40 Was the exhaust hood reset?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45 Remote control system free from obstruction & operates?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41 Were all test screens and power restored?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	46 Has the system been placed back in service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
42 Were all pilot lights supplied by the gas valve relay?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47 Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
43 Microswitch(es) reset -- electric appliances "off"?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 Were building personnel notified of the system condition?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
44 Any oil leaks stops in place?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49 Have you received a signature from the building personnel?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
45 Were all lines rechecked?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50 Inspection tag affixed to system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
46 Were all cartridges rechecked? (if applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
47 Test/recheck releasing device(s) meet properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

Authorized Customer Representative

Authorized Company Representative

SIGNATURE: _____

SIGNATURE: _____

PRINT NAME: _____

PRINT NAME: _____

CERTIFICATION NUMBER

POO050

☒ System is Compliant with NFAC 5:70-9

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Chief Fire Equipment and Service Co.
 268 Main street- Lodi, N.J.
 973-473-7444
 EMAIL: chiefireequip@optonline.net

KITCHENS SYSTEM REPORT - PAGE 1

COMPANY <u>Delaware Hall</u>		CONTACT <u>Will</u>		WORK ORDER NUM. <u>48430</u>	DATE <u>6-14-24</u>	HAZARD AREA PROTECTED	
ADDRESS <u>451 Doremus Ave</u>		CITY <u>N.J.</u>		SYSTEM NAME <u>KDD3</u>	SYSTEM CAPACITY <u>Twelve 6 GAL</u>	SYSTEM TYPE <u>WET</u>	NUM of CYL <u>2</u>
AHJ/FM PROTECTION DISTRICT		INSPECTION TYPE		PHONE <u>973-592-1005</u>	FAX	CUSTOMER NUMBER	
				STATE <u>N.J.</u>	ZIP		

NOTE: USE TAB BUTTON TO MOVE CURSOR

<p>1 Last Serviced By <u>CHIEF FIRE</u></p> <p>2 Were building personnel notified of the inspection?</p> <p>3 Was the monitoring company notified?</p> <p>4 System found charged and functioning at time of technician's arrival?</p> <p>5 System re-tempered with lines last visit?</p> <p>6 System found to be proper pressure upon arrival?</p>	<p>7 Rollover-type filter installed in head?</p> <p>8 System (and appliance layout) appear unchanged since last service?</p> <p>9 Were the main caps in place at time of arrival?</p> <p>10 Visible piping and hoses properly connected, dressed, and free of damage?</p> <p>11 Piping/canister/hanging free from observable obstructions?</p> <p>12 Hose(s) inspected and found to be clear of obstructions?</p> <p>13 Correct main type(s) for protected equipment, placement and duct?</p> <p>14 Hose(s) properly positioned over appliances?</p> <p>15 Hose(s) properly positioned in duct(s) and plenum(s)?</p> <p>16 Is there a fan warning sign on head?</p> <p>17 Flow points/extinguishing agent within mfg's allowed maximums?</p>	<p>18 Hose configuration appeared to remain unchanged?</p> <p>19 Are all observable penetrations to the head and duct sealed?</p> <p>20 No readily observable obstructions of interference that could impact effectiveness of the suppression system?</p>	<p>21 System charged per manufacturer's recommendations?</p> <p>22 Mechanical detection line tested and found to operate properly?</p> <p>23 Proper number and placement of detectors/links?</p> <p>24 Did the system operate properly from activation of a manual pull station?</p> <p>25 Gas shut-off valve installed and working properly? (note location)</p> <p>26 Replaced links with proper temperature rating?</p> <p><u>2</u> at <u>360</u> Degrees <u>at</u> Degrees</p> <p><u>1</u> at <u>50</u> Degrees <u>at</u> Degrees</p> <p><u>at</u> Degrees <u>at</u> Degrees</p> <p>27 Is the manual reset for electric gas valves operational?</p> <p>28 Did all electrical appliances shut off upon system operation?</p> <p>29 Did all gas appliances shut off upon system operation?</p> <p>30 Did the make-up air shut down?</p> <p>31 Did the clean system activate when the system tripped?</p> <p>32 Did central hand(s)/cylinder releasing device(s) operate properly?</p> <p>33 Cylinder Pressure <u>125</u> psi</p> <p>34 Hydrostatic test date of cylinder checked. Sum _____</p> <p>35 Were all cylinders free of signs of external corrosion and/or damage?</p> <p>36 Are all cylinders securely mounted?</p> <p>37 Cartridge inspected or replaced with mfg's recommended interval (if applicable)? Weight <u>N/A</u></p>
--	--	---	--

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY DELADEY HALL	CONTACT WILL	PHONE 973-592-1005	FAX
ADDRESS 451 DOERWIS AVE	CITY NEWARK	STATE N.J.	ZIP
			CUSTOMER NUMBER

- | | |
|---|---|
| 38 Test adapters/links, lampor pins, etc., removed from system? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 48 Operator's manual on site? <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 39 Detection (link) line has proper tensioning? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 49 Clean K portable extinguisher available and properly serviced? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 40 Was the control road reset? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 50 Remote manual release free from obstructions & operable? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 41 Were all fuel sources and power restored? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 51 Has the system been placed back in service? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 42 Were all pilot lights supplied by the gas valve reset? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 52 Monitoring company notified that the system is back in full service? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 43 Microswitch/relay(s) reset - electric appliances "on"? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 53 Were building personnel notified of the system condition? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 44 Are all nozzle caps in place? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 54 Have you received a signature from the building personnel? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 45 Were all filters reinstalled? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 55 Inspection tag affixed to system? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 46 Were all cartridges reinstalled? (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| 47 Tandem/slow releasing device(s) reset properly? <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |

NOTIFICATION OF SIGNALIST SYSTEM GREASE BUILDUP

- ☐ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

CUSTOMER INITIALS:

Authorized Customer Representation

SIGNATURE: _____
PRINT NAME: _____

Authorized Company Representation

SIGNATURE: [Signature]
PRINT NAME: OTTO DE PERA
CERTIFICATION NUMBER: 100050



Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 3

COMPANY <u>Barley Hawk</u>	CONTACT <u>Will</u>	PHONE <u>973-592-1005</u>	FAX	
ADDRESS <u>451 Drexler Ave</u>	CITY <u>Newark</u>	STATE <u>N.J.</u>	ZIP	CUSTOMER NUMBER

Hood Size: 28'8" X 4'8"

Duct Quantity & Size: 2 28x20



Label All Appliances

HOT SKILLET	SOUP CAULDRON	SOUP CAULDRON	8 BURNER STOVE
2'10" X 1'6"	3' DIAMETER	3' DIAMETER	4' X 2'6"

Size

Notes/Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connection to Alarm? Yes ☒ No ☐

Gas Valve: Yes ☒ No ☐ Size: _____

Gas Quantity: Duct ☒ Plenum ☒ Appliance ☒

Gas Valve Style: Electrical ☒ Mechanical ☐

Remote Pull: Yes ☒ No ☐ Location PILAR WALL

Gas Valve Location BEHIND STOVE Type: Release ☒ Pull ☐

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION



" SINCE 1965 "

CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O.BOX 735
LODI, N.J. 07644

PH:(973) 473-7444 * FAX (973) 473-8587

Inv # 129517360
Date 06/21/2024
Terms NET 10
D.T. # 48430
Cust po

DEHA
DELANEY HALL
COMMUNITY CORRECTIONS
451 DOREMUS AVENUE
C/O TERRY WILLIAMS
NEWARK, NJ 07105

DEHA
DELANEY HALL
DELANEY HALL
451 DOREMUS AVENUE
NEWARK NJ 07105

Email address tewilliams@geogroup.com

QTY	ITEM DESCRIPTION	PRICE	EXTENSION
1	TWIN 6GAL.KIDDE WET.SYS.SERV.	275.00	275.00
2	360 DEG.FUSIBLE LINK SUPP	25.50	51.00
1	500 DEG.FUSIBLE LINK	28.50	28.50
2	6.GAL.RANGEGURAD/KIDDE.WET.CHEM.VALVE.REPAI	275.50	551.00
2	6.GALLON.KIDDE.SYSTEM.REFILL	1465.00	2930.00
1	TRIP SURCHARGE	125.00	125.00

CHIEF FIRE EQUIPMENT & S
269 N MAIN ST
LODI, NJ 07644

08/12/2024 11:34

Sale

Trans #: 2 Batch #: 2

VISA Manual
*****74

BASE AMT: 54222.88

Non Cash Adj 5147.80
TOTAL AMT: 54370.68

Resp: AUTH/TKT 034516
Code: 034516
Ref #: 384225562421606

P.O.BOX 735 LODI, N.J. 07644

port rendered on payment

2% CENT CHARGE ON ALL CARDS

WE ACCEPT CREDIT CARDS

CAN EXPRESS - VISA - MASTER CARD

Sub total 3,960.50

SALES TAX 262.38

MISCEL. CHARGE

tot-inv-amnt 4222.88

Inv # 129517360

PLEASE SEND YOUR EMAIL ADDRESS:
BY PHONE-BY MAIL-OR EMAIL US AT:
CHIEFFIREEQUIP@OPTONLINE.NET
SYSTEM REPORTS ARE EMAILED

THANK YOU
CUSTOMER COPY

DAYS ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Chief Fire Equipment and Service Co.
269 Main Street - Lodi, N.J.
973-473-7444

EMAIL: chieffireequip@optonline.net

KITCHEN SYSTEM REPORT - PAGE 1

COMPANY <u>DeLaney Hall</u>		CONTACT <u>LAWRENCE WARDEN</u>		WORK ORDER NUM.	DATE <u>12-4-24</u>	HAZARD AREA PROTECTED	
ADDRESS <u>451 Drexel Ave</u>		CITY <u>NEWARK</u>		SYSTEM MFG. <u>KIDDE</u>	SYSTEM CAPACITY <u>6 GAL</u>	SYSTEM TYPE <u>WET</u>	NUM OF CYLS <u>2</u>
AHJ/FIRE PROTECTION DISTRICT		INSPECTION TYPE		PHONE <u>973-274-0115</u>	FAX	CUSTOMER NUMBER	
				STATE <u>N.J.</u>	ZIP		

NOTE: USE TAB BUTTON TO MOVE CURSOR

☐ INITIAL ☐ ANNUAL ☒ SEM-ANNUAL ☐

- | | |
|--|---|
| <p>1 Last serviced by? <u>CHIEF FIRE</u></p> <p>2 Were building personnel notified of the inspection? <input checked="" type="checkbox"/></p> <p>3 Was the monitoring company notified? <input checked="" type="checkbox"/></p> <p>4 System found charged and functioning at time of technician's arrival? <input checked="" type="checkbox"/></p> <p>5 System un-tampered with since last visit? <input checked="" type="checkbox"/></p> <p>6 System found to be proper pressure upon arrival? <input checked="" type="checkbox"/></p> <p>7 Baffle-type filters installed in hood? <input checked="" type="checkbox"/></p> <p>8 System (and appliance layout) appear unchanged since last service? <input checked="" type="checkbox"/></p> <p>9 Were the nozzle caps in place at time of arrival? <input checked="" type="checkbox"/></p> <p>10 Visible piping and nozzles properly connected, brazed, and free of damage? <input checked="" type="checkbox"/></p> <p>11 Piping/conduit/cabling free from observable obstructions? <input checked="" type="checkbox"/></p> <p>12 Nozzle(s) inspected and found to be clear of obstructions? <input checked="" type="checkbox"/></p> <p>13 Correct nozzle type(s) for protected equipment, plenum and duct? <input checked="" type="checkbox"/></p> <p>14 Nozzle(s) properly positioned over appliances? <input checked="" type="checkbox"/></p> <p>15 Nozzle(s) properly positioned in duct(s) and plenum(s)? <input checked="" type="checkbox"/></p> <p>16 Is there a fire warning sign on hood? <input checked="" type="checkbox"/></p> <p>17 Flow points/extinguishing agent within mfg's allowed maximums? <input checked="" type="checkbox"/></p> <p>18 Mount configuration appeared to remain unchanged? <input checked="" type="checkbox"/></p> <p>19 Are all observable penetrations to the hood and duct sealed? <input checked="" type="checkbox"/></p> <p>20 No readily observable obstructions of interference that could impact effectiveness of the suppression system? <input checked="" type="checkbox"/></p> | <p>21 System disarmed per manufacturer's recommendations? <input checked="" type="checkbox"/></p> <p>22 Mechanical detection line tested and found to operate properly? <input checked="" type="checkbox"/></p> <p>23 Proper number and placement of detectors/links? <input checked="" type="checkbox"/></p> <p>24 Did the system operate properly from activation of a manual pull station? <input checked="" type="checkbox"/></p> <p>25 Gas shut-off valve installed and working properly? (Note location) <input checked="" type="checkbox"/></p> <p>26 Replaced links with proper temperature rating?
 <u>1</u> at <u>300</u> Degrees <u> </u> at <u> </u> Degrees
 <u>2</u> at <u>370</u> Degrees <u> </u> at <u> </u> Degrees
 <u> </u> at <u> </u> Degrees <u> </u> at <u> </u> Degrees</p> <p>27 Is the manual reset for electric gas valves operational? <input checked="" type="checkbox"/></p> <p>28 Did all electrical appliances shut off upon system operation? <input checked="" type="checkbox"/></p> <p>29 Did all gas appliances shut off upon system operation? <input checked="" type="checkbox"/></p> <p>30 Did the make-up air shut down? <input checked="" type="checkbox"/></p> <p>31 Did the alarm system activate when the system tripped? <input checked="" type="checkbox"/></p> <p>32 Did control head(s)/cylinder releasing device(s) operate properly? <input checked="" type="checkbox"/></p> <p>33 Cylinder Pressure <u>175</u> psi <input checked="" type="checkbox"/></p> <p>34 Hydrostatic test date of cylinder checked? <u>12/20/2024</u> <input checked="" type="checkbox"/></p> <p>35 Were all cylinders free of signs of external corrosion and/or damage? <input checked="" type="checkbox"/></p> <p>36 Are all cylinders securely mounted? <input checked="" type="checkbox"/></p> <p>37 Cartridge inspected or replaced with mfg's recommended interval (if applicable)? Weight <u>14.5</u> <input checked="" type="checkbox"/></p> |
|--|---|

NOTIFICATION OF DEFICIENCIES

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY CONCERN that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

CUSTOMER INITIALS: _____

KITCHEN SYSTEM REPORT - PAGE 2

38	Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48	Operator's manual on site?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39	Detonation (link) line has proper tensioning?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49	Class K portable extinguisher available and properly serviced	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
40	Was the control read reset?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50	Remote manual release free from obstructions & operable?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41	Were all fuel sources and power restored?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	51	Has the system been placed back in service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
42	Were all pilot lights supplied by the gas valve reset?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52	Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
43	Microswitch/relay(s) reset - electric appliances "on"?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	53	Were building personnel notified of the system condition?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
44	Are all nozzle caps in place?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	54	Have you received a signature from the building personnel?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
45	Were all filters reinstalled?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	55	Inspection tag affixed to system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
46	Were all cartridges reinstalled? (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
47	Tamper/alarm releasing device(s) reset properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

[illegible]

CUSTOMER INITIALS:

☐ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

Authorized Company Representation

SIGNATURE: _____

PRINT NAME: OTTO D. BERN

CERTIFICATION NUMBER P00050

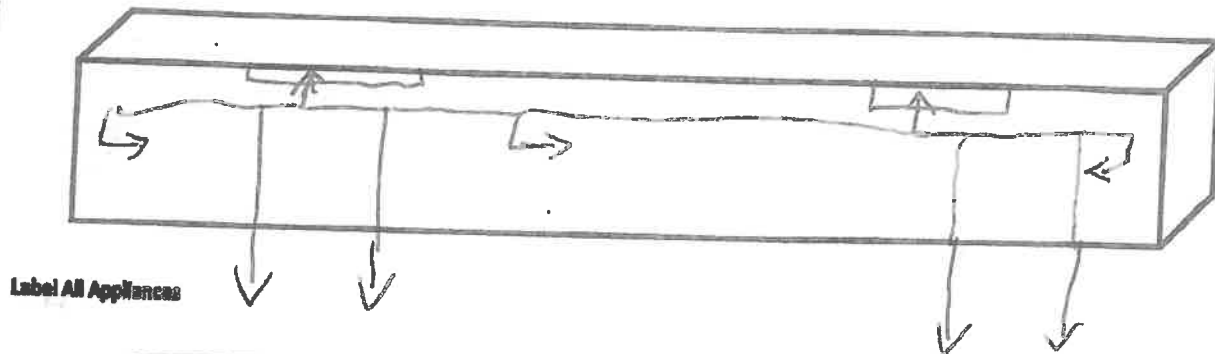
Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 3

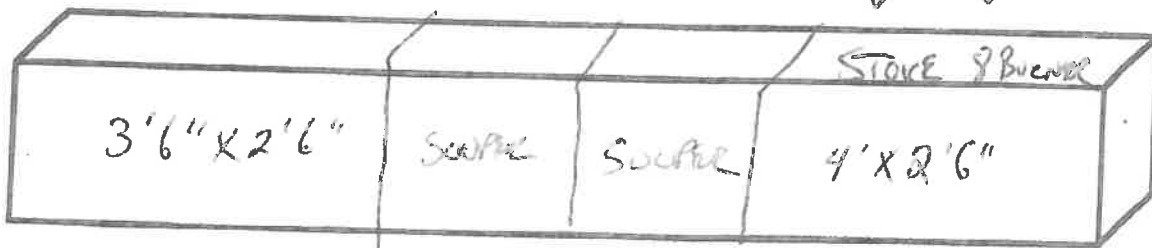
COMPANY <u>DELANEY HALL</u>	CONTACT <u>LAWRENCE WILSON</u>	PHONE <u>732-274-0115</u>	FAX	
ADDRESS <u>451 DOBINS AVE</u>	CITY <u>NEWARK</u>	STATE <u>N.J.</u>	ZIP	CUSTOMER NUMBER

Hood Size: 29' x 4'6"

Duct Quantity & Size: 2 28" x 28"



Label All Appliances



Size _____

Notes/Comments

INCLUDE ALL APPLIANCES LABEL WITH TYPE AND SIZE

System Connection to Alarm? Yes ☒ No ☐

Gas Valve: Yes ☒ No ☐ Size: _____

Nozzle Quantity: Duct ☒ Plenum ☒ Appliance ☒

Gas Valve Style: Electrical ☐ Mechanical ☒

Remote Pull: Yes ☒ No ☐ Location By side of wall

Gas Valve Location BEHIND STOVE Type: Release ☐ Pull ☐
ON WALL

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION



(SINCE 1965)

CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O. BOX 735 LODI, N.J. 07644

(973) 473-7444 (201) 332-5252 FAX (973) 473-8587

DATE 12 14 124

DEHA
DELANEY HALL
451 DOREMUS AVENUE
NEWARK **NJ** **0710**
973 274-0115

Js loc c DEHA
DELANEY HALL
451 DOREMUS AVENUE
NEWARK **NJ** **0710**
973 274-0115
LANIER WALTON

CONTACT-LANIER WALTON--CELL-973-634-7187--MUST HAVE PO#

QTY	ITEM	DESCRIPTION	SM	ITEM COST				TOTAL
1	1 SYT6GRWS	TWIN 6GAL.KIDDE WET.SYS.SERV	12-20-24	6	(S)	R	H	6
2	PTFL360	360 DEG.FUSIBLE LINK SUPP	12-20-24	6	S	R	H	6
1	PTFL500	500 DEG.FUSIBLE LINK	12-20-24	6	S	R	H	6
					S	R	H	6
					S	R	H	6
					S	R	H	6
					S	R	H	6
					S	R	H	6
					S	R	H	6

SERVICE TIME

YR. () 6MON () 3MON () MON ()
 SVC.CALL () \$125.00 per visit

(S)=SVC. (R)=REFILL (H)=HYDRO-TEST (6)= 6 YR.

PAY TYPE: CASH () CARD () CHECK ()

TECHNICIAN:

OTC

SUB TOTAL:

SALES TAX

TOTAL:

REMARKS:

SIGNATURE

PRINT NAME:

Terry Williams

INVOICES BEYONE 30 DAYS ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)



CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O. BOX 735
LODI, N.J. 07644
PH: (973) 473-7444 * FAX (973) 473-8587

Inv # 129518277
Date 12/04/2024
Terms NET 10
D.T. # 48430
Cust po

DEHA
DELANEY HALL
COMMUNITY CORRECTIONS
451 DOREMUS AVENUE
C/O TERRY WILLIAMS
NEWARK, NJ 07105

DEHA
DELANEY HALL
DELANEY HALL
451 DOREMUS AVENUE
NEWARK

NJ 07105

Email address tewilliams@csogroup.com

QTY	ITEM DESCRIPTION	PRICE	EXTENSION
1	TWIN 6GAL.KIDDE WET.SYS.SERV.	275.00	275.00
2	360 DEG.FUSIBLE LINK SUPP	25.50	51.00
1	500 DEG.FUSIBLE LINK	28.50	28.50
1	SERVICING CHARGE,OFFICE.OVERHEAD,HAZMAT.FEE	125.00	125.00

MERCHANT COPY

CHIEF FIRE EQUIPMENT & S
269 N MAIN ST
LODI, NJ 07644

12/06/2024 14:40

Sale

Trans #: 5 Batch #: 2

VISA Manual
*****0000

BASE AMT: 511.27

Non Cash Adj \$17.89
TOTAL AMT: 529.16

Resp: AUTH/TRI 056641
Code: 056641
Ref #: 584341675011902

THANK YOU
CUSTOMER COPY

BOX 735 LODI, N.J. 07644

ort rendered on payment

CENT CHARGE ON ALL CARDS

E ACCEPT CREDIT CARDS

N EXPRESS - VISA - MASTER CARD

Sub total 479.50

SALES TAX 31.77

MISCEL. CHARGE

tot-inv-amnt 511.27

Inv # 129518277

PLEASE SEND YOUR EMAIL ADDRESS:
BY PHONE-BY MAIL-OR EMAIL US AT:
CHIEFFIREEQUIP@OPTONLINE.NET
SYSTEM REPORTS ARE EMAILED

TS ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)